

Attorney Docket No.: TSMC2003-0839
[N1280-00090]

1FW

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Cheng-Hsiung Kuo

Confirmation No.: 6971

Serial No.: 10/849,401

Group Art Unit: 2817

Filed: May 19, 2004

Examiner: Not Yet Assigned

For: **IMPROVED REFERENCE SENSING CIRCUIT**

I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail and addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

3-30-05

Date

Steven E. Koffs

Steven E. Koffs, Registration No. 37,163

TRANSMITTAL LETTER

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Enclosed herewith is an Authorization To Act In A Representative Capacity and Change Of Correspondence Address for the above-captioned U.S. patent application.

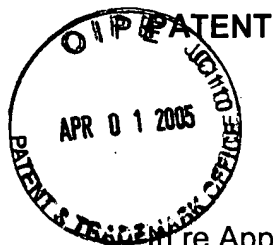
Respectfully submitted,

DATE: 3-30-05

Steven E. Koffs

Steven E. Koffs
Registration No.: 37,163
Attorney for Applicant(s)

DUANE MORRIS LLP
One Liberty Place
Philadelphia, PA 19103-7396
Telephone: 215-979-1250
Fax: 215-979-1020



Attorney Docket No: TSMC2003-0839
[N1280-00090]

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Cheng-Hsiung Kuo

Confirmation No.: 6971

Serial No.: 10/849,401

Group Art Unit: 2817

Filed: May 19, 2004

Examiner: Not Yet Assigned

For: **IMPROVED REFERENCE SENSING CIRCUIT**

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

CHANGE OF CORRESPONDENCE ADDRESS

Please change the correspondence address for the above-identified patent application to:

Customer No: 08933
Steven E. Koffs, Esq.
Duane Morris LLP
One Liberty Place
Philadelphia, Pennsylvania 19103-7396

Tel: 215-979-1250
Fax: 215-979-1020

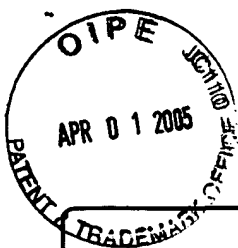
Dated: 3-30-05

Respectfully submitted,



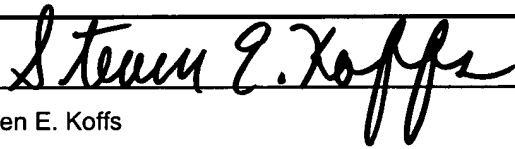
Steven E. Koffs, Esquire
Registration No. 37,163
Attorney for Applicant(s)

DUANE MORRIS LLP
One Liberty Place
Philadelphia, PA 19103
215-979-1050 tel
215-979-1020 fax



Sample Form (09-04)

AUTHORIZATION TO ACT IN A REPRESENTATIVE CAPACITY

In re Application of: Cheng-Hsiung Kuo												
Application No.: 10/849,401												
Filed: May 19, 2004												
Title: IMPROVED REFERENCE SENSING CIRCUIT												
Attorney Docket No. TSMC2003.0839/N1280.00090		Art Unit: 2817										
<p>The practitioner named below is authorized to conduct interviews and has the authority to bind the principal concerned. Furthermore, the practitioner is authorized to file correspondence in the above-identified application pursuant to 37 CFR 1.34:</p> <table border="1"><thead><tr><th>Name</th><th>Registration Number</th></tr></thead><tbody><tr><td>Richard A. Paikoff</td><td>Reg. No. 34,892</td></tr><tr><td>Paul A. Schwarz</td><td>Reg. No. 37,577</td></tr><tr><td>Won Joon Kouh</td><td>Reg. No. 42,763</td></tr><tr><td>Joseph A. Powers</td><td>Reg. No. 47,006</td></tr></tbody></table>			Name	Registration Number	Richard A. Paikoff	Reg. No. 34,892	Paul A. Schwarz	Reg. No. 37,577	Won Joon Kouh	Reg. No. 42,763	Joseph A. Powers	Reg. No. 47,006
Name	Registration Number											
Richard A. Paikoff	Reg. No. 34,892											
Paul A. Schwarz	Reg. No. 37,577											
Won Joon Kouh	Reg. No. 42,763											
Joseph A. Powers	Reg. No. 47,006											
<p>This is not a Power of Attorney to the above-named practitioner. Accordingly, the practitioner named above does not have authority to sign a request to change the correspondence address, a request for an express abandonment, a disclaimer, a power of attorney, or other document requiring the signature of the applicant, assignee of the entire interest or an attorney of record. If appropriate, a separate Power of Attorney to the above-named practitioner should be executed and filed in the United States Patent and Trademark Office.</p>												
SIGNATURE of Practitioner of Record												
Signature		Date 3-30-05										
Name	Steven E. Koffs	Registration No., if applicable 37,163										
Telephone	(215) 979-1250											

This form offers a sample or suggested format for an authorization for an agent. See MPEP § 713.05 for more information. This sample form is not an OMB officially approved form.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.